

Join us for the **Family Advent Weekend**

at Lake Chautauqua Lutheran Center

December 1-3rd 2017



Attention Families & Campers!

Do you enjoy the seasons of Advent and Christmas?

Have you ever wanted to share an LCLC experience with your children?

What better way to combine your favorite parts of LCLC with this special time of the church year?

The LCLC Family Advent Weekend will include:

- ~ Advent Focused Bible Studies and Worships
- ~ Reconnecting with old camp friends and making new ones
- ~ Campfires, Crafts, Cookie Decorating and Christmas Carols
- ~ Games, Hikes, Snacks, Great Food and time for Family Outings

When: Registration begins 7:00pm Friday night and ends at 11:00 a.m. Sunday.

Where: The Retreat Center at Lake Chautauqua Lutheran Center

Cost: (Includes meals, lodging with linens, program and crafts)

One Adult: \$95

Two Adults: \$180

Youth (8-17 years old): \$48

Children (7 and younger): Free

Maximum fee per family: \$255

Children under the age of 18 must be accompanied by an adult.

LCLC Family Advent Weekend Registration (by November 24th 2017)

Name: _____ Phone Number: _____

Address: _____ Email: _____

Final Confirmation will occur via email

Please check the box next to the description that best describes your family:

- | | |
|----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> One Adult: \$95 | <input type="checkbox"/> Children 7 and younger: Free |
| <input type="checkbox"/> Two Adults: \$180 | <input type="checkbox"/> Maximum fee: \$255 |
| <input type="checkbox"/> Youth 8 to 17: \$48 | |

Amount Enclosed: \$ _____ Check Number: _____

Card Type: _____ Card Number: _____ Security Code: _____

Exp. Date: _____ Signature: _____ Date: _____
Month/Year

Please make checks payable to LCLC or charge with your credit card: (Visa, MC, AmEx, Disc. Accepted)

Note: \$25 of your fee is a non-refundable registration fee.

Please list all of the names and ages of all participants: _____

Dietary Restrictions: _____

Please return your registration form and your total fee by November 24th 2017



Lake Chautauqua Lutheran Center, Inc.

5013 Route 430
 Bemus Point, NY 14712
 716-386-4125
 contact@lclcenter.org

LCLC Advent Retreat Consent for Medical Treatment Form

I, the undersigned, hereby authorize a representative of Lake Chautauqua Lutheran Center to seek emergency medical treatment, surgery or dental care to be given to my family as considered advisable or necessary in the judgement of an emergency medical professional or attending physician during the Family Advent Weekend on December 1-3, 2017.

I also give permission to photograph and record (digitally and analog) my family and to use their images and sound prints in promotional materials for LCLC.

Names: _____

_____ Signature _____ Family Physician _____ Phone

_____ Date _____ Family Insurance Company _____ Policy #

_____ Insurance Company Address _____ City _____ State _____ Zip

_____ Home Phone _____ Work Phone _____ Allergies, Conditions or Medications of which we should be aware?

_____ Medical Conditions continued.... _____ Secondary Emergency Contact: Name _____ Phone _____ Relationship